

TRS-Care

Plan Design Summary Effective

9/1/2015 – 8/31/2016

TRS-Care 1

	Retirees or Surviving Spouses enrolled in Medicare Part A and eligible for Part B	Retirees or Surviving Spouses <u>not</u> enrolled in Medicare Part A but eligible for Part B	Retirees or Surviving Spouses with no Medicare
Deductible	\$1800	\$3000	\$4000
Network Coinsurance	80% / 20%	80% / 20%	80% / 20%
Out of Network Coinsurance – Medical and Part B expenses	80% / 20%	80% / 20%	60% / 40%
Out of Network Coinsurance – Hospital and Part A expenses	80% / 20%	60% / 40%	60% / 40%
Maximum Out of Pocket: includes deductibles and coinsurance	\$4800 Individual \$9600 Family	\$6000 Individual \$12000 Family	\$6350 Individual \$12700 Family
Prescription Expenses	Same as Medical	Same as Medical	Same as Medical

TRS-Care 2

	Retirees or Surviving Spouses enrolled in Medicare Part A and eligible for Part B	Retirees or Surviving Spouses <u>not</u> enrolled in Medicare Part A but eligible for Part B	Retirees or Surviving Spouses with no Medicare
Deductible	\$1000	\$1000	\$1000
Network Coinsurance	80% / 20%	80% / 20%	80% / 20%
Out of Network Coinsurance – Medical and Part B expenses	80% / 20%	80% / 20%	60% / 40%
Out of Network Coinsurance – Hospital and Part A expenses	80% / 20%	60% / 40%	60% / 40%
Maximum Out of Pocket; includes deductible, coinsurance, and any medical copayments if applicable	\$4400 Individual \$8800 Family	\$4400 Individual \$8800 Family	\$4400 Individual \$8800 Family
Office Visit Co-pay	N/A	N/A	\$35
Prescription Expenses	Generic/Preferred/Non-Preferred	Generic/Preferred/Non-Preferred	Generic/Preferred/Non-Preferred
Retail	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50
Mail	\$20/\$75/\$125	\$20/\$75/\$125	\$20/\$75/\$125

TRS-Care 3

	Retirees or Surviving Spouses enrolled in Medicare Part A and eligible for Part B	Retirees or Surviving Spouses <u>not</u> enrolled in Medicare Part A but eligible for Part B	Retirees or Surviving Spouses with no Medicare
Deductible	\$300	\$300	\$300
Network Coinsurance	80% / 20%	80% / 20%	80% / 20%
Out of Network Coinsurance – Medical and Part B expenses	80% / 20%	80% / 20%	60% / 40%
Out of Network Coinsurance – Hospital and Part A expenses	80% / 20%	60% / 40%	60% / 40%
Maximum Out of Pocket; includes deductible, coinsurance, and any medical copayments if applicable	\$3700 Individual \$7400 Family	\$3700 Individual \$7400 Family	\$3700 Individual \$7400 Family
Office Visit Co-pay	N/A	N/A	\$25
Prescription Expenses	Generic/Preferred/Non-Preferred	Generic/Preferred/Non-Preferred	Generic/Preferred/Non-Preferred
Retail	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$25/\$40
Mail	\$20/\$50/\$80	\$20/\$50/\$80	\$20/\$50/\$80

“Part B of Medicare Only” means the individual is not covered by Medicare Part A and is eligible to purchase Medicare Part B